

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000001719

1. Entity Name
SPYGLASS SOUTH, LLLP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:39

Principal Place of Business 931 STRATFORD PLACE MELBOURNE, FL 32940	Mailing Address 931 STRATFORD PLACE MELBOURNE, FL 32940
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2825 Business Center Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. #B5
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City & State	City & State Melbourne, FL
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Zip	Country	Zip	Country
		32940	USA



01092007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1957471	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHARDSON, BARRY F
 931 STRATFORD PLACE
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable.

900085839909
 01/23/07--01017--028 **500.00
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	RICHARDSON, BARRY F
STREET ADDRESS	931 STRATFORD PLACE
CITY - ST - ZIP	MELBOURNE, FL 32940
DOCUMENT #	
NAME	KENDUST, RICK A
STREET ADDRESS	7630 N. WICKHAM ROAD SUITE 102
CITY - ST - ZIP	MELBOURNE, FL 32940
DOCUMENT #	
NAME	BJERNING, EUGENE K
STREET ADDRESS	215 BAYTREE DR.
CITY - ST - ZIP	MELBOURNE, FL 32940
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Barry Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-07 321-254-9145

Date Daytime Phone #